

**RECORD OF DECISIONS**

**2020 National Women's Conference**

**Bournemouth**

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| **M1** | **Women on the Cliff Edge** |
| **M2** | **The reality of social care - unfunded increase in pay** |
| **M3** | **THE IMPACT OF WELFARE CUTS ON WOMEN** |
| **M4** | **Time off for dependants (TOFD) and special leave – a woman’s burden** |
| **M5** | **Bring Parity to Shared Parental Leave** |
| **M6** | **Menopause Good Practice** |
| **M7** | **Menopause – A workplace issue** |
| **M8** | **Black Women and the Menopause.** |
| **M9** | **Employer with Heart Charter** |
| **M10** | **Early Miscarriage Misery** |
| **M11** | **Workplace support for mothers with premature or sick babies** |
| **M12** | **Ending the Hostile Environment for Pregnant Women** |
| **M13** | **Breastfeeding and lactation facilities in the workplace** |
| **M14** | **Disproportionality in The Treatment of Women Suffering Heart Attacks** |
| **M15** | **Health & Safety Testing - A world built for men** |
| **M16** | **OUR NHS – NOT FOR SALE, NOT A BARGAINING CHIP IN TRADE DEALS** |
| **M17** | **Impact of Domestic Abuse on Workers** |
| **M18** | **SUPPORTING REPS WHO OFFER WORKPLACE SUPPORT WOMEN AFFECTED BY DOMESTIC VIOLENCE** |
| **M19** | **Stalking** |
| **M20** | **Sexual Harassment – where are we now?** |
| **M21** | **Women Supporting Women: Feminist Leadership** |
| **M22** | **IMPACT OF THE GENDER PAY GAP ON WOMEN** |
| **M23** | **Gender Pay Gap** |
| **M24** | **Equal Pay** |
| **M25** | **BREXIT AND THE IMPACT ON WOMEN IN NORTHERN IRELAND** |
| **M26** | **Women and climate change** |
| **M27** | **Producing a Women’s Magazine** |
| **M28** | **Re-Inspiring Women** |
| **M29** | **Women In Leadership** |
| **M30** | **Branch Women’s Officer Role** |
| **CA** | **MENOPAUSE** |
| **CB** | **GENDER PAY GAP** |

**Motions**

**1. Women on the Cliff Edge**

**Carried as Amended**

Conference notes with alarm the proportion of women forced into poverty by changes to the benefits system. Rather than providing a safety net for women when they need it, the way that the current system and in particular Universal Credit is structured causes in work poverty rather than challenging it.

Conference also notes that the final report of the UN Rapporteur on Extreme Poverty, Philip Alston, on his visit to the UK (published in May 2019) states that 14 million people, a fifth of the population, live in poverty, nearly half of whom are from families including a disabled person. Mr Alston said that government policies had led to the “systematic immiseration” of a significant part of the UK population, meaning that they had continually put people further into poverty, and that “no single program embodies the combination of the benefits reforms and the promotion of austerity programs more than Universal Credit.

Conference further notes that the House of Commons Work and Pensions Committee held an inquiry into ‘Universal Credit and Survival Sex: sex in exchange for meeting survival needs’ in response to reports from charities and support organisations across the UK that increasing numbers of people – predominantly women – have been getting involved in “survival sex” as a direct result of benefit changes. In its report, ‘Universal Credit and “survival sex”’, published in October 2019, the Committee states “We heard repeatedly in evidence that the long wait for a first payment is often the cause of people turning, or returning, to survival sex”.

In August 2019, it was reported that 59% of Universal Credit claimants affected by the 2 child benefit cap are in work.

Given that women head up 90% of one parent families and are most likely to be in lower paid jobs where Universal Credit is required to supplement income, this policy has a disproportionate impact on women.

Conference fundamentally believes that no-one should be financially worse off by working and sadly for many women who claim Universal Credit, this is the case.

Conference calls on the National Women’s Committee to:-

1. Work with regional women’s groups and service groups to build a body of evidence showing the effects that Universal Credit is having on low paid women.
2. Work with Labour Link to lobby for the scrapping of Universal Credit to be replaced by a benefit which enables women to work without being financially disadvantaged.

**2. The reality of social care - unfunded increase in pay**

**Carried as Amended: 2.1, 2.2, 2.3**

Conference notes with concern the continuing pressures on council-funded social care services. Social care services and the NHS both face increasing demands and new challenges including an ageing population, lifestyle changes, public expectations and new and emerging medical and digital technologies.

Conference is aware of the need to develop a long-term workforce strategy in partnership with employers to respond to these pressures and notes our commitment to working in a social partnership with employers and government/s to design and deliver changes across the workforce recognising the importance and value of volunteers and carers.

Conference is clear that a significant number of those who work in social care and volunteers are women and are not just an important asset to the sector, but as members of local communities, they also contribute greatly to the wider economic prosperity and sustainability of our country.

Therefore, an effective workforce strategy for social care services has a considerable value in the context of a prosperous United Kingdom. Conference is of the view that the government needs to view what we spend on this workforce as an investment, not a cost to the public purse.

Conference is concerned that far from developing an effective workforce strategy for social care, typically, the social care workforce, made up predominantly by women, is offered low wages and poor quality employment, with employers often utilising zero hour contracts. With a consequent high turnover of staff, our “best practice” is now faltering and we are also losing a vital experience in the delivery of services to the detriment of our communities. This workload is having to be picked up by an already overstretched and often unsustainable community and voluntary sector and unpaid, informal carers. The lack of children and young people's provisions like Sure Start compounds this problem. This is the impact of continued austerity measures implemented by a Westminster government on the remuneration for this workforce.

Conference recognises the complexities of funding arrangements for England, Wales, Scotland and Northern Ireland but wants to see this largely female workforce properly valued and fairly paid in order to provide the quality services we and our families all deserve. Unfunded pay increases lead to cuts in jobs and services which is not sustainable. Conference would like to see investment in a workforce strategy not piecemeal cuts.

Conference, we therefore call on the National Women's Committee to work with the NEC, Labour Link Committee and the Community and Voluntary Sector SGE to put women at the heart of our campaigning on social care, calling for:

1)Better funding for social care services, highlighting the inadequacy of funding arrangements across the nations and the impact on women in particular;

2)Strategic workforce plans across the nations that recognise the value of a fairly paid, motivated largely female workforce to stable, good quality social care services and the benefits of this to the wider economy;

3)Better pay and service conditions for social care workers, highlighting that this is a predominantly female and undervalued workforce;

4)Promoting the importance of councils directly delivering a substantial proportion of domiciliary and residential care in-house, which is better for the staff, largely women, delivering the care;

5)Promoting UNISON’s Ethical Care Charter as a requirement for all procured services and monitoring the implementation of this within social care services.

6) Learn from the long-term evolving social partnership arrangements in Wales, particularly the Workforce Partnership Council and the Welsh Government code of practice on Ethical Employment Practices in Public Sector Supply Chains.

**3. THE IMPACT OF WELFARE CUTS ON WOMEN**

**Carried**

From late 2008, the UK Government set out a programme of austerity that has continued for over 10 years. Cuts in public spending have been shown to have particular impact on certain groups in society. In 2011, 270,000 public sector jobs were cut as austerity measures started to bite. Research from the Runnymede Trust and Women’s Budget Group in 2016 showed that women, people of colour and particularly women of colour were impacted by job cuts, as they were more likely to be employed in the public sector, be in low-paid jobs and insecure work, and have higher levels of unemployment.

The unemployment budget was frozen, which has led to increased difficulties due to rising inflation. Benefit claimants affected by budget cuts and sanctions led to increased use of food banks, with over one million people in the UK using a food bank between 2014 and 2015. With an increase in zero hour contracts, part time work and low paid work, there is a new generation of working poor who are also dependent on benefits.

Universal Credit and the draconian welfare cuts imposed on working people, as well as those in search of employment or that due to ill health are unable to work, are having a devastating effect on women. They create more problems, pushing women and their families into poverty

In Northern Ireland, the £500 million mitigation package established by the Northern Ireland Executive against welfare cuts is set to run out in March 2020, and its expiration could have dire consequences for women living in poverty, leading to a ‘cliff edge’ unless alternative arrangements are put in place urgently.

Working mothers in Northern Ireland further struggle to access affordable childcare. In Northern Ireland we have the highest weekly expenditure on childcare and therefore the highest weekly childcare element of Child Tax Credits. As Universal Credit payments are paid in arrears of up to 5 weeks, this places greater financial burdens on families accessing childcare. Children in Northern Ireland do not receive up to 30 hours of childcare as is the case in other regions, creating deep unfairness that results in negative impacts on women.

We are calling on the National Women’s Committee to campaign on the following issues:

1) To avoid the “cliff-edge” of the ending of welfare mitigations in

Northern Ireland in March 2020;

2) To end practices where victims of the crime, domestic violence and

abuse must choose whether they can survive with no money for at

least 5 weeks, maybe with children, or stay with abuser;.

3) To scrap the disgraceful two-child benefit cap, which is neglecting

our children, pushing women into deeper poverty and creating

inequalities within families;

4) The vile “Rape Clause” must be removed as it forces women to

disclose or lose benefits, when women in violent relationships are

not in a position to do so. Benefit officers are not equipped to

process disclosures on rape or violent sexual crime and do not have

capacity to manage these disclosures;

5) For affordable, accessible, high quality childcare in Northern Ireland,

including the 30 hours childcare that is available in other parts of the

UK.

**4. Time off for dependants (TOFD) and special leave – a woman’s burden**

**Carried**

From birth society has always set the role of women at home and in the workplace. While this has been challenged and continues to be, there is still a long way to go. Society still sees women as the main care giver and this may be why some types of leave that is predominately utilised by working women is unpaid.

Mothers with children aged between 1 and 12 are more likely to be in part-time employment rather than full time, 1.8million couples in the UK split employment so that the father is in full-time work and the mother in part-time work. This may be why more women request TOFD as the impact to household income is reduced. This is not the case however for single mothers or a single woman with caring responsibilities, a day off without pay to look after a child or loved one has a significant financial impact. For women on low incomes this could be the difference between putting food on the table and heating the home.

Surprisingly, while looking for information for this motion, we found that there are no studies around the impact or cost of unpaid leave on working women in the UK. There are statistics on the cost of caring responsibilities but the stats exclude time taken off during working hours. The stats do not include time off work to take a loved one to an appointment or a child unable to go to school due to illness.

Since Gender pay reporting became compulsory in 2017, most reports seem to mirror each other, be it public or private sector, Health or manufacturing, low paid and part-time work is predominantly carried out by women. As a society, we need to address this, we need to ensure that women are not disadvantage for taking time off to care for others, we need to make it ok for men to take an active and equal role, we need to remove unconscious bias during interviews and employment or promotion is based to ability to carry out the job and not the amount of hours a person can commit. We need to ensure work life balance means work life balance and employers are not turning a blind eye to work carried out over an employee’s contract hours without being monitored and recorded.

Conference asks the Womens National committee to:

1. Work with labour link to Lobby government and the labour party to carry out a national study on the impacts of unpaid leave on women and publish the findings.
2. Work with labour link to lobby government and the labour party to revisit legislation on all types of unpaid leave with the view making all leave paid.
3. Work with the NEC to create a campaign on unpaid leave including a survey to collate data around the impacts.

**5. Bring Parity to Shared Parental Leave**

**Carried**

This conference welcomes the introduction of Shared Parental Leave in 2015, allowing both parents to have some flexibility in the care and bonding with their child in the first crucial months after birth. UNISON shared the view of many women’s rights organisations at the time, that in order to inject speed into achieving women’s equality, childcare should not be seen as the sole responsibility of women but should be shared. This would also allow fathers and/or partners to spend valuable time with new born and children at a very young age so that they too would have the chance to bond with their children.

Shared Parental Leave has to be taken within a baby’s first year. One of the stated attractions of shared parental leave is that parents can be on leave together, for up to six months. Alternatively, parents can take leave separately (if their employer agrees). Theoretically, up to 50 weeks of leave can be shared and eligible parents can also share up to 37 weeks of statutory shared parental pay.

However, parents are not that impressed and since the introduction of Shared Parental Leave in 2015, the take up has been very low, with only just over 1% of eligible new parents using any Share Parental Leave in 2017-18. Research from Working Families and EMW Law firm and others, suggests that there are many reasons for this. Family finances are one of the causes of the slow take up. The financial reality is that, for many couples it is entirely rational for the partner who earns less to stay at home. The first 6 weeks of maternity pay are paid at an enhanced rate and new mothers receive 90% of average weekly earnings whereas, fathers and/or partners (including same sex partners), do not have entitlement to a period of enhanced pay. The statutory shared parental pay is a complete disincentive to many families who say that they just can’t afford it.

Conference does not think that it is fair or true to the spirit of shared parenting or true equality to have one parent sacrifice some of their time to give to the other parent. Also, because the mother is required to relinquish some of her allocation of maternity leave in order for Shared Parental Leave to happen, it places mothers in a difficult and potentially vulnerable position. An example of the pressure that could be put on women is highlighted in the current Conservative Government consultation ‘Good Work Plan: Proposals to support families’ (July 2019) where the mother is cynically and provocatively referred to as the ‘gatekeeper’ of Shared Parental Leave.

Decent maternity leave and pay was hard fought for and the Maternity, Pregnancy and Parental Leave Regulations are intended as a means of ensuring a mother’s health during pregnancy and after childbirth, as well as the health of the baby. As it currently stands, Shared Parental Leave subverts the very premise of maternity leave that women fought so hard to obtain. Conference believes that mothers should not become the bargaining-chip in order that couples can share and benefit from time spent with new born and children in their first year.

In order to have true shared parenting, which is crucial to the wellbeing of the family, the statutory maternity and parental leave allowance should be the same for both parents. Conference believes that fathers and/or partners (including same-sex couples) should also be afforded the same entitlement to the enhanced rate of paid leave ; 50 weeks of leave in total with 37 weeks paid for each parent whereby both are entitled to a period of enhanced pay.

Conference therefore calls upon the National Women’s Committee to work with Labour Link and national committees and service groups to:

1. Lobby the government of the day and campaign to ensure that both parents have the right to equal maternity and parental leave and enhances pay for mothers, fathers and/or partners (including same-sex couples)

**9. Employer with Heart Charter**

**Carried**

Conference notes that:

Women who give birth prematurely, currently have the same amount of maternity leave as a woman whose pregnancy goes full term. A woman who has a premature baby would have to start their 12 month maternity leave from the day of the birth, regardless of whether they are already on maternity leave.

Babies born prematurely usually suffer significant health problems and are likely to stay in hospital at least until their due date and will likely have ongoing needs, that means returning to hospital and need extra care at home.

Whilst the baby is attending hospital women can in turn, suffer financial detriment due to extra travel costs, eating out, parking charges, childcare costs for siblings and if partners have to take unpaid leave from their job.

Women are also at a higher risk of suffering from post-natal depression.

Some women have to wait weeks until they can even hold their baby let alone take the baby home and this can make the time of the maternity leave seem even shorter, as women would have less time actually having the valuable time at home sharing new experiences.

‘The Smallest Things Charity’ promotes the good health of premature babies and their families. They have devised a charter called ‘Employer with Heart’ for employers to sign up to, which gets employers to agree to extend maternity leave at full pay, by the number of days that a baby is born before their due date. The charter also gives partners at least two weeks compassionate leave and offer support when returning to work.

Conference asks that The National Women’s Committee:

1. Raise awareness of The Smallest Things Charity to give women an opportunity to seek support.
2. Raise awareness of ‘Employer with Heart’ charter by publishing on the UNISON national website and publishing an article in the UNISON’s activist’s magazine.
3. Gather statistics regarding women who experience premature births.
4. Campaign for all employers to sign up to the charter.

**10. Early Miscarriage Misery**

**Carried as Amended: 10.1**

Women’s conference notes

Early miscarriage happens in the first trimester of a woman’s pregnancy.

Many employers do not recognise early miscarriage under their sickness procedure.

Figures gathered by the Miscarriage Association show that 250,000 women in the UK suffer from a miscarriage. This equates to 1 in 4 women.

The signs of a miscarriage differ to each person but the following are the main signs of miscarriage:

• Bleeding, which may be very heavy

• Abdominal pain which maybe severe

• Faintness and even collapse; this is most likely with an ‘ectopic’ pregnancy–a life-threatening condition where an embryo starts to grow outside the womb.

• In contrast, some women have no symptoms at all and only find out their unborn babies have died at a routine ante natal appointment. In such cases the actual miscarriage maybe delayed for days or even weeks.

Women’s conference believes

Employers should put guidance in place to help people that suffer an early miscarriage.

They should also produce guidance which offers advice to people who want to support team members who are experiencing the loss of a baby. It should include basic principles, such as what to do if a team member starts to lose their baby at work and some practical advice on taking leave, in line with advice from the miscarriage Association.

This conference asks the National Women’s Committee.

1)To issue guidance for Branches on how early miscarriage can impact on women and what employers could do to be supportive in the workplace.

2)Write a Model Policy that Branches can take to employers

**11. Workplace support for mothers with premature or sick babies**

**Carried**

The birth of a child is usually a very special time, but unfortunately, it can be testing if the baby is born prematurely or with complex health needs. In the UK, roughly 60,000 babies are born prematurely (before the 37th week of pregnancy) or sick every year. When a baby is born prematurely or is sick, it can be a difficult time for parents and the last thing that they should have to worry about is their place of employment or the amount of paid maternity leave they have left before they have to return to work.

After the birth of a premature baby or sick baby, families will spend extended periods of time in hospital and in some cases may be forced to return to work either before the baby is released from hospital or shortly after being able to take their baby home. Even after the baby is allowed home there will be an increased number of hospital and doctor visits which could have an impact on the mother’s ability to remain in the employment.

Conference believes that more could and should be done to support women during these difficult times and commends the work carried out by organisations such as BLISS and The Smallest Things to raise the profile of this important issue.

Conference therefore calls on the National Women’s Committee to:

1. Campaign for additional paid leave for women who have a premature baby or a sick baby born at full term
2. Collect examples of best practice on how employers can support women who have had a premature baby or a sick baby born at full term, with a view to develop a model policy
3. Make plans to mark World Prematurity day (17th November)

**12. Ending the Hostile Environment for Pregnant Women**

**Carried**

In the UK, everybody has a right to free medical treatment in instances of accident and emergency, however, the legislation around who can receive non-emergency medical treatment and whether, and when, payment is required depends on two things:

• The patient’s immigration status,

• The urgency of the treatment required

For UK citizens ordinarily resident in the UK and for those people who have been formally granted leave to remain, NHS treatment is provided free and there is no requirement to repay the cost. For undocumented migrants and failed asylum seekers, the situation is more complex. For these patients the law requires that NHS Trusts charge patients for non-emergency medical care at the rate of 150% of the tariff for private treatment. Where the treatment is considered non-urgent, patients are required to pay for it in advance, however, where a patient requires urgent care or the treatment is immediately necessary then the law states that their treatment must not be delayed or refused and that they should be allowed to pay later.

For maternity care, these charges are not itemised and typically start at around £7,000 for a pregnancy and birth without complications and can rise to tens of thousands of pounds where complications arise. Furthermore, many of the women affected do not have access to an income because their immigration status prohibits them from working, making it impossible for them to pay. But the result of non-payment can be very serious indeed.

Under current rules, patients with debts of £500 or more which has been outstanding for over two months must be reported the Home Office. This could result in future immigration applications being refused and even deportation to their country of origin - the very environment from which they have fled. As one example, a woman who came to the UK for an arranged marriage but who subsequently fled her violent husband, was afraid to return to her country of origin because her family would force her daughter to undergo Female Genital Mutilation (FGM). Her application for asylum was refused and, finding herself unable to pay the NHS charge, she and her daughter now risk deportation.

To make matters worse, some NHS Trusts are not applying the rules correctly and, while Conference recognises that all maternity care is immediately necessary and cannot be delayed, there is evidence that not all NHS Trusts agree. Despite the legal position outlined above, research carried out by Maternity Action has found that some Trusts are refusing treatment or seeking payment in advance for maternity care charges. Where women do not have access to these funds there is a very real risk that they will resort to desperate means of raising the money or to dangerous alternatives to hospital treatment.

Conference is concerned that the practice of threatening to withhold NHS maternity care increases the risk of women being exploited as they attempt to raise funds by other means and also increases the likelihood of them seeking ‘back street’ abortions or having their babies delivered by unqualified or unregulated midwives, placing their own lives and that of their unborn children at risk. Furthermore, some of the affected women have been subjected to FGM, making birth more difficult, increasing the likelihood of complications and making high quality medical care even more important.

Conference believes that the application of a 50% surcharge and the failure to provide a breakdown or costs or itemised invoice suggests that these are penalty charges designed to create a hostile environment for migrant women. When combined with the fact that it is highly unlikely that the women affected would be able to make the payments then it becomes clear that this is not about recouping the cost of treatment but a deliberate choice to deny essential medical treatment to vulnerable women.

There is no doubt that the women subjected to this treatment experience fear and distress and this is often exacerbated by language barriers and previous experiences of trauma and abuse. In many cases the women are already fleeing physical abuse, forced marriage, sexual violence, human trafficking and conflict or human rights abuses in their country of origin.

Conference believes that all women living in the UK should be able to access free maternity care regardless of their immigration status and we call upon National Women’s Committee to:

1. Disseminate information around the issue of NHS maternity charges for non-documented migrant women and failed asylum seekers, including Maternity Action’s online Toolkit and their research document, ‘What Price Safe Motherhood?’

2. Raise awareness of the issue among UNISON members who are likely to encounter pregnant or migrant women in the course of their work, to include:

• outlining the current legal position to enable members to identify instances where charges are being made incorrectly, and

• providing information to enable members to signpost affected women to available support as necessary.

3. Publicise the Maternity Action’s All Mothers campaign as well as their petition calling for the immediate suspension of NHS Maternity Charges and to encourage members to sign it.

4. Work with Labour Link and other groups as necessary to lobby for political parties to adopt the recommendations outlined in Maternity Action’s research document, ‘What Price Safe Motherhood?’ including the immediate suspension of all NHS maternity care charges.

5. To produce a template for Regional Women’s Committees and Branch Women’s Groups to make Freedom of Information requests to their local NHS Trusts to ask:

a)How many women have been charged for maternity care for the twelve month period for which most recent figures are available?

b)The total amount charged to undocumented migrants and failed asylum seekers during the same period?

c)How much of the charges made during that period have been recovered?

d)How much has been spent by the Trust in attempting to obtain payment for those charges?

This information to be fed back to and collated by National Women’s Committee to be disseminated to members and passed on to Maternity Action in order to support the campaigning work that they are undertaking.

**13. Breastfeeding and lactation facilities in the workplace**

**Carried**

NHS advice is that breastfeeding has long-term benefits for babies and mothers, lasting right into adulthood. Any amount of breast milk has a positive effect. The longer a baby is breastfed, the longer the protection lasts and the greater the benefits.

Breastfeeding reduces a baby's risk of:

• infections, with fewer visits to hospital as a result

• diarrhoea and vomiting, with fewer visits to hospital as a result

• sudden infant death syndrome (SIDS)

• childhood leukaemia

• obesity

• cardiovascular disease in adulthood

Giving nothing but breast milk is recommended for about the first 6 months (26 weeks) of a baby's life.

There are also benefits for the nursing mother, the more a mother breastfeeds, the greater the benefits.

Breastfeeding lowers a mother’s risk of:

• breast cancer

• ovarian cancer

• osteoporosis (weak bones)

• cardiovascular disease

• obesity

In 2017 Australian Senator Larissa Waters has become the first politician to breastfeed in that nation's parliament, but not all women are this fortunate.

Why should your employer’s practices dictate your choices about how you feed your child? Following birth women may need to take the decision to return to work whilst still breastfeeding, but without the provision of suitable facilities, this economic need can also impact upon their choices regarding the feeding, and therefore health, of their child.

In their 2015 report, the Equality & Human Rights Commission found that among mothers saying a return to work influenced their decision to stop breastfeeding, three in four (74%) cited the practicalities of expressing milk or breastfeeding, or lack of facilities at work as being the reason.

Although not yet enshrined in law, the Health and Safety Executive recommends that employers provide a private, clean, secure and safe place to express and store milk. Expecting nursing mothers to breastfeed or express milk in a toilet is never acceptable. Providing appropriate facilities can enable women to make affirmative choices about when they return to work, normalise breastfeeding, and work to address remaining stigmas about nursing mothers in the workplace.

This motion calls upon the National Women’s Committee to work with the national health and safety committee to;

1)draw up a guide to good practice, which will enable branches to lobby and work with employers to deliver appropriate breastfeeding and lactation facilities within the workplace.

2) Encourage branches to promote the usage of such spaces and promote a flexible approach for managers to support and allow women to access these facilities.

3)encourage branches to work with employers to the raise awareness with managers as to their responsibilities regarding breastfeeding and lactation in the workplace.

4)provide guidance on breastfeeding support groups, the benefits of breastfeeding, and the details of employers’ responsibilities to women who are breastfeeding when they return to work.

**14. Disproportionality in The Treatment of Women Suffering Heart Attacks**

**Carried**

Conference notes with great concern research conducted by the British Heart Foundation (BHF) confirming that 50% of women were more likely to receive wrong diagnosis when suffering heart attacks and that over 10 years 8,200 women in England and Wales died needless after a heart attack. The BHF report highlights that each year around 35,000 women in the UK are admitted to hospital following a heart attack, resulting in an average of 98 women a day or 4 per hour. The situation is far worse in Scotland which has the highest rate of heart disease and angina in the UK resulting in around 2,600 deaths amongst women (approximately 7 every day).

Experts cites inequalities in the way women were being diagnosed in comparison to men. This was also evident in treatment and aftercare. The research indicated that unconscious biases were limiting the survival chances of women with some common myths, such as heart disease and heart attacks only affecting men. As a consequence, women are being diagnosed with gastric problems or panic attacks. The report established that women were unaware of their risk, and slow to seek medical help.

MBBRACE-UK (Mothers and Babies Reducing Risk through Audits and Confidential Enquiries), published a report which found that heart disease remains the leading cause of women in the UK dying during pregnancy, or up to 6 weeks after giving birth. Further research suggests that women with high blood pressure during pregnancy are at a higher risk of heart attacks and stroke in later life. Many of the symptoms of heart disease, i.e. shortness of breath, tiredness and swollen ankles have similarities to symptoms associated with pregnancy and shortly after giving birth.

Conference acknowledges that there have been significant improvements in the treatment of heart attacks compared to the 1960s whereby 7 out of 10 heart attacks in the UK proved fatal, today 7 out of 10 people who have a heart attack will survive. Despite the fact that heart attacks are now more treatable, women are missing out on vital treatment. Global studies undertaken by a Professor of Cardiovascular Medicine at the University of Leeds, confirms that this problem is not unique to the UK, and that gender gaps in treatment exits across the globe, suggesting this is a deeply entrenched and complex issue. Taken in isolation, the differences in care are very small, but when we look at this across the population of the UK, it adds up to a significant loss of life.

Conference women’s lives matter. Therefore, early detection of heart disease/heart attack and effective treatment for women can significantly increase the survival rate of many women.

Conference calls on the National Women’s Committee to:

1. Raise awareness of the signs and symptoms of heart attacks amongst women by producing documentation that can be placed on UNISON website and in relevant UNISON journals.
2. Work with the Health Service Group on seeking to influence Public Health England on this issue.
3. Liaise with the NEC and appropriate bodies.

**15. Health & Safety Testing - A world built for men**

**Carried as Amended: 15.1**

For too long, women have been forgotten in the design process. Criado Perez’s recent book “Invisible Women” explains how men’s dominance of the design industry has had a major impact on women’s health and safety.

Not only do less women than men work in the design industry, designs are generally created with men in mind, and more often than not, designs are tested on men. “Invisible Women” shows that the consequences of treating men as the default option, or women just as smaller men - if they get considered at all - has wide-reaching implications for everything (and everyone) from snow clearing to seat-belts and many branches of medicine. She argues that this remains a man’s world because those who built it didn’t take gender differences into account. Some examples include:

1)71% of women wear protective work clothing that isn’t designed for women’s bodies. Ill fitting PPE can be dangerous and lead to injury as it simply isn’t doing what it’s designed for (for example police stab vests).

2) Tools are usually designed for men, often making them more difficult for women to use. They are often heavy and cumbersome to hold.

3)Most offices are five degrees too cold for women, because the formula to determine their temperature was developed in the 1960s based on the metabolic resting rate of a 40-year-old, 70kg man. Women’s metabolisms are slower.

4)Women in Britain are 50% more likely to be misdiagnosed following a heart attack because heart failure trials generally use male participants.

5)Cars are designed around the body of “Reference Man”, so although men are more likely to crash, women involved in collisions are nearly 50% more likely to be seriously hurt.

6)Seat belts – when safety regulations were originally imposed on car manufactures in the 1950’s, regulators wanted to require the use of 2 crash test dummies, to accommodate for gender differences. However, the industry pushed back on regulations until the requirement was reduced to a single crash dummy, the average man. This means that seatbelts more often than not do not fit women correctly. Statistics show that women drivers are 13% more likely to die wearing seatbelts. In 2011 the first female crash test dummies were required in safety testing, but the new dummies appear to be scaled down versions of the male dummy. In addition seatbelts are still not tested on pregnant women. .

7)The average smartphone – 5.5 inches long – is too big for most women’s hands, and it doesn’t often fit in our pockets.

8)Speech recognition software is trained on recordings of male voices. Google’s version is 70% more likely to understand men. One woman reported that her car’s voice-command system only listened to her husband, even when he was sitting in the passenger seat.

9)Many women in our union are exposed to hazardous substances at work and at home, for example when cleaning. Again the risk assessment effect of this exposure is based on a man. Women have different hormones and immune systems together with thinner skin and therefore exposure to these chemicals affects women differently. Women also have a lower threshold to the level of toxins they can be exposed to before they are absorbed by the body. Despite women undertaking a disproportionate amount of domestic and workplace cleaning tasks, the majority of cleaning products are tested on men.

These are some examples of the shortcomings of a world designed by and for men. This is a reminder of why we need women in the leadership of the institutions that shape every aspect of our lives.

We ask the national women’s committee to:

a) Work with the national health and safety committee to build a campaign for:

i) Testing and risk assessments to be gender specific.

ii) Employers to avoid suppliers who do not provide PPE that is purpose made for women.

b) Work with LAOS to ensure that health and safety training recognises and raises awareness of this issue.

c) Work with Labour Link to call for gender specific health and safety testing and risk assessments to be mandatory.

d) Work with regions to encourage women to become safety reps.

**16. OUR NHS – NOT FOR SALE, NOT A BARGAINING CHIP IN TRADE DEALS**

**Carried**

The NHS was created over 70 years ago. It is the jewel in the crown of Britain and a radical achievement of the Labour Party. Established just 3 years after the end of World War ll. Aneurin Bevan’s ambition was to build a health service based on 4 principles:

• • Free at the point of use,

• • Available to everyone who needed it,

• • Financed through general taxation, and

• • Used responsibly.

Conference notes that when the NHS was founded, the life expectancy for men was 66 and women, 71; now it is 79.4 for men and 83.1 for women; There were 86 deaths per 100,000 live births, now it is 46. Infant mortality was 34.5 for every 1,000 live births now this is 2.8 neonatal deaths per 1,000. The NHS is vital for women’s health and wellbeing.

Prior to the inception of the NHS, healthcare was not a right but subject to charity or the ability to pay. Health was a luxury not everyone could afford. Women who could not pay often went without medical treatment for themselves or their children, relying on home remedies and unqualified assistance.

After 70 years of the NHS, accessible by all citizens, we not only rely on the NHS but we cherish it because it belongs to us and is our NHS. All women will have used its service at sometime in their lives. It has led the way on medical treatment and innovations in health. From cradle to grave we rely on the NHS and its staff.

Conference notes further that UNISON has campaigned and supported the NHS and our health members and has fought against privatisation of healthcare provision and services. As the NHS workforce is predominantly female, it stands to reason that privatisation would impact significantly on women as well as users of its services.

Now we face the greatest threat to our NHS that it has faced since its foundation - the potential wholesale sell off posed through trade deals across the globe being contemplated by Boris Johnson PM with the Tory Government supported by its allies. Trade deals from the World Trade Organisation to Free Trade Agreements are no longer limited to setting rules about how goods cross borders. They encroach on every aspect of our lives, including our health provision. Because there already exists competition with the private sector in the NHS, this means that trade deals could include the NHS and lead to the selling of lucrative parts to the private sector across the globe.

Conference is concerned that our right to free healthcare would be eroded and we would be forced to pay for services or take out private health insurance to cover our health needs, including for our children. The American President Donald Trump, has made it clear that he would want the NHS on the table in any trade deal with the USA. We know that the American system of healthcare provides a lucrative market and their eyes are on the NHS. Nearer to home in Southern Ireland private health insurance plays a pivotal role in health provision. It is completely unacceptable that after 70 years, which have seen such a great improvement in the state of the nation’s health, we could see the dismantling of the NHS through trade deals and an end to our right to universal healthcare at point of need, irrespective of our ability to pay. It is doubly unacceptable that any dismantling the NHS would have a disproportionate impact on women’s health and on their jobs. Women should not be disadvantaged from seeking healthcare due to costs taking us back 70 years. The Government should also consider how many women’s jobs would be unfairly impacted and the likely knock on effect on physical and mental health, creating a vicious circle.

This Conference calls on the National Women’s Committee to:

1. Work with the NEC to highlight the particular impact on women in any campaign to save the NHS from being part of trade deals;
2. To work with the Labour Party through Labour Link to protect the NHS and its predominantly female workforce and to maintain universal access to healthcare free at the point of need healthcare; highlighting how without this, women’s health will go backwards;
3. Work with the TUC through our UNISON representatives to campaign to protect the NHS and its staff and as the biggest representative organisation of women in the UK, take every opportunity to highlight the impact on women in the workforce and as service users of any attempt to include the NHS in trade deals.

**17. Impact of Domestic Abuse on Workers**

**Carried**

Conference notes that the impact of domestic abuse is far ranging and will and does inevitably affect workers, colleagues, families and friends.

It is important that domestic abuse isn’t ignored or misunderstood within the workplace. We welcome the fact that UNISON recognises that domestic abuse is a trade union issue; has developed information and guidance and has worked with women’s committee to ensure domestic abuse is understood as a serious, recognisable and preventable issue.

However, Conference is concerned that not enough is being done to make the link between women presenting with mental illness and domestic abuse. We are witnessing an increase in women accessing mental health systems. We know 1.2 million women access some form of mental health service each year. Research shows that women experiencing domestic abuse are more likely to experience poor or chronic mental health. Conversely, women who are mentally frail may also be abused. Mental health care provided to women suffering from depression, anxiety, PTSD (Post Traumatic Stress Disorder) and substance abuse is estimated to cost £176 million according to the Office of National Statistics. Conference believes that domestic abuse may be a root cause of a significant proportion of this mental illness and represent a significant cost – yet this remains hidden.

Conference agrees with Dr Beena Rajkumar of the Royal College of Psychiatry in the Safelives publication - Safe and Well, May 2019 edition where she states that despite the fact mental health issues are more common in cases of domestic abuse, perpetrators continue to be missed (when women present to mental health services.) We are missing huge opportunities to better detect, treat and save lives of some of the most vulnerable people in society.

Conference notes the important part this report has to play in better preparing mental health professionals to truly get to the heart of the lives of patients they see. Domestic abuse has devastating impact on mental health. It is important that we do not ignore the link between domestic abuse and mental illness in the workplace and understand it as serious, recognisable and it can be prevented.

Dr Joht Singh Chandan, lead author and academic clinical fellow in public health at the University of Birmingham, said the burden of mental illness caused by domestic abuse in the UK could be much higher than previously thought, “considering how common domestic abuse is, it is important to understand how strongly the two are connected and consider whether there are possible opportunities to improve the lives of women affected by domestic abuse”

Conference notes further that In June 2019, a study carried out at Birmingham University and published in the British Journal of Psychiatry showed that health professionals were failing to detect abuse and support vulnerable women thus highlighting that more needs to be done to train health practitioners who come into contact with women in both primary or secondary care to spot the signs of domestic abuse and to ask the right questions. Training is key to how you ask about domestic abuse, how to respond safely and how best to sign post support. The same is true in the workplace when managers are responding to staff showing mental distress.

Young women are now most at risk from poor mental health according to a report in May 2019 which showed that we are facing higher rates of mental health than ever in young women and while stereotyping, sexualisation, and objectification is an issue for all women, it is particularly for young women alongside a culture of increasingly normalising violence against women and girls.

Conference also notes that women who identify within the LGBT+ group have been reporting increasing domestic abuse and in particular, 25% of bi and lesbian women have experienced domestic abuse. The Scottish Transgender Alliance indicates domestic abuse sits at a shocking 80%.

Conference believes that it is important that we work together with women’s organisations to break the taboo around abuse and particularly, the impact on mental health so that women feel able to speak freely and place trust in mental health services. Highlighting the importance of training about the impact of domestic abuse is key.

Conference notes the experience of NTW Health branch, which is a branch within a mental health trust. Aware of staff and members who suffer from mental health and domestic abuse, the branch trained its stewards and reps with the training provided by the Police and Crime Commissioner’s Team so that reps can identify where domestic abuse is a factor, in sickness and performance meetings in the main.

Conference asks the National Women’s committee to:

1. Review UNISON’s guidance – Domestic violence and abuse: a trade union issue – and ensure it emphasises the importance of training for both health professionals and line managers to identify possible domestic abuse when women present with mental illness
2. Re-launch the revised guidance to raise awareness that domestic abuse can be a factor in mental illness and performance/sickness situations, including social media activity, a blog and web-materials
3. Lobby and campaign nationally together with women’s organisations, charities and NGOs to highlight how domestic abuse can be a factor in mental ill-health
4. Work with Labour Link and the government to raise awareness and lobby for nationally provided training for mental health services to help early recognition of possible domestic abuse so perpetrators are identified sooner and possible tragic consequences prevented

**18. SUPPORTING REPS WHO OFFER WORKPLACE SUPPORT WOMEN AFFECTED BY DOMESTIC VIOLENCE**

**Carried as Amended: 18.1**

Conference notes the research conducted by Bennett, Jones and Wibberley in 2018 for the TUC and University of Central Lancashire on “The role of trade union officers and reps in supporting employees who are experiencing domestic violence/abuse. This calls for resources and support to be directed towards giving union reps the skills required to provide a supportive and well informed approach to dealing with workplace problems faced by women experiencing domestic violence. These can range from increased absence, through to changes in behaviour and performance which lead to disciplinary and capability issues, through to perpetrators harassing them in the workplace, and financial difficulties or need for extra leave, connected with leaving an abusive relationship.

UNISON’s resource base for representatives is cited as an example of good practice, as it includes a robust workplace policy that can be used as a basis for negotiating with employers, and information on help and support available. UNISON is already providing a lot of practical advice and support to reps.

However, training, however provided, is not always easy to access due to constraints on time and availability, furthermore many workplace policies do not incorporate an understanding of the role of domestic violence in affecting people at work, especially as most of them require the employee to disclose the abuse to management.

Conference recognises that whilst UNISON provides clear guidance to representatives about the expectations on Stewards and Health and Safety representatives, women who are affected by domestic abuse can choose to disclose to their reps, regardless of whether it is the roles of reps or not. It is important that both reps and the women affected by domestic abuse receive the right support and are not placed under undue stress.

The issue is an emotive one, and it may be difficult for a rep to deal with the complex emotions raised if domestic abuse is disclosed to them, and it may be hard for the rep to remain detached, especially if they have ever experienced abuse. The research highlights the need to provide extra support and guidance for reps dealing with such cases. Conference believes that one of the reasons that our reps are being sought as a support mechanism for matters that are not purely workplace issues is the cuts to specialist services in both the statutory and community sector have resulted in other sources of support not being available. It is a delicate balance that needs to be struck to meet the needs of both our members and our reps.

Conference calls upon the National Women's Committee to:

1) Liaise with LAOS to start the development of a comprehensive package of training for all types of representatives covering the possible impact of domestic violence in the workplace, including how to seek support for themselves when dealing with a member who is experiencing domestic abuse, as well as actually supporting the member.

2) To liaise with LAOS to look at how the union can incorporate the needs of women affected by domestic violence in its main training for representatives, including reaccreditation for existing reps.

3) To encourage representatives to negotiate domestic violence/abuse policies in their workplace that reference the possible impact on employees’ attendance/performance, and include the possible involvement of trade unions in supporting women affected by domestic violence.

4) To roll out the awareness training, and in doing so, encourage branches to ensure that an awareness of the impact of domestic violence is worked into key workplace policies, such as capability/performance management, absence policies, and special/compassionate leave policies.

**19. Stalking**

**Carried as Amended: 19.1**

The crime of stalking can be simply described as the unwanted pursuit of another person. Examples of this type of behaviour includes following a person, appearing at a person's home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person's property. Stalking is a horrific crime which can cause victims, their families and loved ones immense physical, psychological and emotional harm yet it is dismissed by many of those who have not been affected by it.

While there is no one simple type of stalker or victim, women are more frequently the victims (1 in 5 women will experience stalking of some form in their life). Statistics show that 80.4% of victims are female while 70.5% of perpetrators are male (National Stalking Helpline 2011). Data from the Crime Survey for England and Wales shows up to 700,000 women are stalked each year yet conviction rates are low at around 4%.

For women, stalking can have a ‘substantial adverse effect on the usual day-to-day activities’. Examples might include fitting more security devices, changing routes to work or arranging for others to pick up children from school to avoid the attentions of a stalker. They often report feelings of phobia, isolation, anxiety, depression and fear; and are often unable to eat, sleep or carry out their day to day activities. They experience panic attacks and suicidal thoughts and may self-harm.

In 1986 in broad daylight while showing someone around a house in Fulham 25 year old Susy Lamplugh disappeared. Now the Suzy Lamplugh trust is a leading figure in the battle against stalking trying to ensure that what happened to Suzy does not happen to anyone else. The National Stalking Helpline created in 2010 has received over 30,000 calls and emails from victims of stalking needing our help. The trust has worked with over 1,000 organizations, across the public, private and voluntary sectors, providing Lone Working and Personal Safety training.

Yet despite the awareness raised by the Susy Lamplugh Trust and amendments to the law fatal instances of stalking still occur and are not pursued properly by the police. For example 19 year old Shana Grice was murdered in 2016. She was in her bedroom in East Sussex; her stalker slit her throat and then tried to burn her body. She had previously reported her ex-boyfriend to the police 5 times in a period of 6 months. Instead of protecting her she was fined £90 for wasting police time and the case was closed. A report commissioned after her death found that the Sussex Police did not properly investigate her claims.

While a high percentage of stalking occurs following a breakup of a relationship there are still numerous cases where the perpetrator is merely an acquaintance or even unknown to the victim. Many workplaces insist that employees wear name badges. In today’s era of information technology it is all too easy for a stalker to track someone down once they know their name. Lone workers also are put in danger as was Suzy Lamplugh. The Workplace Violence Research Institute found that 90% of corporate security professionals had handled 3 or more incidents where men had stalked women in the workplace and claimed that in 15% of cases stalking was related to homicide (Smock and Kuennen 2002). Workplaces need to consider these things and ensure that they have plans in place.

The first laws that dealt with stalking in the UK were introduced in 1997 as part of the Protection from Harassment Act but were inadequate. In 2012 amendments to the Act made stalking a specific offence in England and Wales for the first time. The amendments were made under the Protection of Freedoms Act 2012. These amendments can only be used to deal with stalking incidents that occur after 25 November 2012; stalking prior to this will still be dealt with as ‘harassment’ under sections 2 and 4 of the Protection from Harassment Act.

Yet in Scotland stalking was not recognised as a serious crime until 2010 when stalking was prosecuted as a form of harassment under the common law ‘Breach of the Peace’ which did not fully encompass, define or reflect the seriousness of stalking and victim impact. In 2010 the Justice Committee at Scottish Parliament cast a unanimous vote for proposed anti-stalking legislation to be included into Scotland’s Criminal Justice System.

In the UK eight police and crime commissioners have commissioned services that specifically work with victims of stalking in 2017-2018, including Dame Vera Baird, PCC for Northumbria, whose local service employs a stalking and harassment lead, and Katy Bourne, PCC for Sussex, who has commissioned Veritas Justice to provide a local advocacy and support service for victims of stalking. But this leaves 34 other areas where police and crime commissioners failed to commission services that specifically work with victims of stalking in 2017-2018. Police and crime commissioners receive £68m from the Ministry of Justice to fund emotional and practical support for victims but, in 2017-2018, 0.25% of this was spent on stalking-specific outcomes. This represents a small increase from 0.18% in 2016

In the UK stalking is punishable by a fine and/or up to 51 weeks imprisonment. The second aggravated and more serious offence (stalking causing fear of violence or serious alarm or distress) is punishable by up to five years imprisonment. The police may get a warrant from Magistrates to enter and search premises for evidence of either offence. Considering the lasting damage caused to victims the sentencing structure does not take into account the impact of harm to the victim.

1)Conference asks National Women’s Committee to work with Labour Link to work together towards changing the law to recognise the severity of stalking as a crime and introducing standardised procedures within the police and sentences from the judiciary throughout the UK.

2) Conference asks National women's Committee to work on raising awareness and understanding of the negative physical and mental impact of being stalked on service users and staff in all areas of public services.

3) Conference asks National Women's committee to work with anti-stalking charities such as Protection against Stalking and Suzy Lamplugh Trust to value awareness and educate people so that they realise the severity of stalking as a crime and the damage it does to victims, their families, friends and workplace colleagues.

4) Conference calls on the National Women's Committee, regional SOGs and branches to support the National Stalking Awareness week in April 2020.

**20. Sexual Harassment – where are we now?**

**Carried**

Conference, in 2017 a motion was proposed to this conference following the publication of a report by the TUC in 2016 entitled ‘’Still Just A Bit of Banter’’. This report highlighted the ubiquitous sexual harassment that was going on in our workplaces, and even more concerning, the lack of reporting of this harassment to employers or trade unions. A quick reminder of the shocking statistics:

1) 52% of women had experienced sexual harassment in the workplace, with that figure rising to 63% for young women (18-24).

2) 79% of those who had been sexually harassed did not report it to their employer.

3)16% of those who reported sexual harassment to their employer were treated worse afterwards.

Over the last year, the #MeToo movement has really shone the spotlight on many women’s experiences of sexual harassment, encouraging those who have felt marginalised and been silenced to speak out.

Sexual harassment is any unwanted conduct of a sexual nature that makes you feel intimidated, degraded, humiliated or offended. And the Equality Act 2010 says that employers are legally responsible if an employee is sexually harassed by another employee, and the employer had not taken all steps they could to prevent it from happening. Some brave women have spoken at conference of their own horrible experiences, and we know from the daily reports that it has not gone away.

The TUC has launched a campaign to request a new law to prevent sexual harassment in the workplace before it happens, which would require employers to take all reasonable steps to protect workers from sexual harassment and victimisation. Unison has also launched the #UsToo campaign, to make workplaces harassment free zones. This campaign emphasises the inadequacy of the current laws and asks for a change. I would urge you to add your voice to this campaign.

There have been some brilliant examples of campaigns in some of our branches and regions on this issue. Eastern Region Young Members produced a campaign entitled: ‘Uncomfortable Yet?’, and all members should look at this campaign and distribute the literature amongst your branches if you have not already done so. Another great example is of a local branch working with the local authority employer following the results of an employee survey, to implement comprehensive policy guidance on sexual harassment, instead of just throwing it in generically with bullying and harassment, which as we all know contributes to an attitude that sexual harassment in particular isn’t really a problem.

As Trade Union representatives we must all continue to fight this unacceptable behaviour in the workplace, talk to your members, provide literature and consider a workshop on sexual harassment so that women feel that they can speak out, and the perpetrators become aware that we are not going away. We will not allow them to carry on with their reprehensible and illegal behaviour, that where Unison is in the workplace, sexual harassment will not be tolerated.

Conference therefore calls upon National Women’s Committee to:

a)Seek feedback from regions about steps that they have taken to tackle this issue and provide support to enable further awareness raising and training.

b)Work with the Young Member’s Committee to carry on campaigning to keep Sexual Harassment on the agenda.

c)Be a champion for branches where best practice has been implemented so that it can be rolled out to all branches.

**21. Women Supporting Women: Feminist Leadership**

**Carried as Amended: 21.1**

We embrace the increasing number of women in leadership roles within society and we hope to see this trend continue, given that men are still disproportionately represented in senior decision making roles. However, there are sadly many examples, including our women Prime Ministers to date, of women failing to advance the equality of women when in leadership roles. We believe it is vital that we encourage and promote inclusive feminism and feminist leadership in order to achieve gender equality.

As a union of 80% women, we consider it to be important that the style of leadership that is encouraged is reflective of feminist qualities.

We consider some examples of the characteristics of feminist leadership to include:

• Being supportive and lifting up other women;

• Recognising that leadership is about creating more leaders through mentoring;

• Making power democratic and accountable;

• Consciously taking steps to build diverse and inclusive spaces;

• Recognising and reflecting intersectionality

• Showing respect and support for everyone;

• Flexibility;

• Being mindful of use of language;

• Encouraging flexible practices that allow others control over own lives and a sense of balance;

• Recognising and valuing the unique contribution, expertise, skills and experience of each team member;

• Actively listening and encouraging other to work in areas of interest and passion;

• Giving recognition and credit for work;

• Not “pulling up the ladder”;

• Making decisions with a long term perspective;

• Giving praise and appreciation;

• Being collaborative;

• Building community and forming positive relationships;

• Encouraging and practicing the sharing of knowledge and skills rather than competing for glory and control;

• Embracing that all of us can both teach and learn;

• Challenging ourselves and the people we work alongside to trust one another, support one another, and grow with one another.

We ask the national women’s committee to:

1)Work with LAOS to provide a feminist leadership training activity which can be made available to regions and branches.

2)Encourage the practice of inclusive feminist leadership by members and activists at all levels of our union.

**25. BREXIT AND THE IMPACT ON WOMEN IN NORTHERN IRELAND**

**Carried**

Women in Northern Ireland are greatly under-represented in public and political life. This was clearly evident in the lead up to the Brexit referendum and remains a worrying issue in the current Brexit negotiations. Under-representation in political negotiations and decision-making, alongside several other areas lacking in gender parity such as access to education, training, work, affordable childcare and more, highlight the profoundly negative impact Brexit is set to have on women in Northern Ireland.

This is compounded with the political instability creating several barriers to women having their voices heard. Many areas of women’s human rights have yet to be achieved, and Brexit has added a new threat to existing, hard-fought rights women currently have. Northern Ireland faces unique constitutional complexities meaning Brexit presents a unique threat to this region.

Many of the rights we enjoy today have come through membership of the EU over the past four decades; particularly in areas of economic activity and employment law. For women, there are great concerns that Brexit will erode many of these protections. Some of these protections include:

- Equality between men and women

- The right to equal pay for equal work

- Protection against discrimination on the ground of pregnancy and

maternity

- Introducing measures to provide specific advantages to the under-

represented gender

- Prohibition of discriminations on the grounds of sex

- Introduction of paid holidays

Furthermore, the EU recognises the need for wide-spread structural change to deal with systematic gender discrimination through their commitment to Gender Mainstreaming and the Gender Recast Directive 2006.

Other areas of EU legislation, representation and funding that are relevant to the protection and enhancement of women’s rights and participation include the European Protection order, which is significant in recognising women’s rights as they cross the border; the Rural Development Programme, which NIRWN highlight as significant given historic government underinvestment in rural women; the European Social Fund, which is important to increasing women’s access to the workforce; the European Parliamentary Committee on Women’s Rights and Gender Equality, alongside various EU funding streams that support the voluntary and community sector in Northern Ireland.

It is deeply concerning that limited guarantees have been made to protect, or enhance, the rights mentioned above post-Brexit and are dependent upon a deal being agreed on all sides that includes a ‘backstop’. However, the UK Government has already taken steps to remove the EU Charter of Fundamental Rights, which contains numerous specific rights relevant to women; future case law of the Court of Justice of the European Union (CJEU) will no longer be binding in UK courts post-Brexit; and the Human Rights Act 1998 remains under threat of repeal from the Tories.

There have been worrying misinterpretations of the Belfast/Good Friday Agreement by the current Prime Minister. With Northern Ireland still the crux of disagreements on how the UK should leave the UK, and ongoing political instability growing as a concern, it is essential to point out the importance of avoiding a divergence of rights on either side of the border. For example, areas of protections such as violence against women, or child maintenance payments, rely on EU wide measures to ensure the legal systems on the island of Ireland are co-ordinated to protect vulnerable people through the criminal justice and family law systems. This is essential to ensure that people cannot avoid the repercussions of violence against women, or refusing to pay child maintenance, by simply crossing the border. All aspects of the Belfast/Good Friday Agreement need to be protected and implemented; including a Bill of Rights for Northern Ireland where specific focus can be given to the rights of women.

It is evident that women in Northern Ireland are in line to face the brunt of the impact of Brexit. The UK Women’s Budget Group maintains that women will be adversely impacted by the economic impacts of Brexit. This can only get worse for the women of Northern Ireland, who have greatly suffered from the past decade of austerity and are deeply concerned about the impact of welfare reform and future austerity on gender equality. The economic consequences of Brexit are set to have disproportionately negative impacts on rural women, disabled women, LGBTQ+ women, women of colour, women living on the border, migrant women and more as they lose many human rights protections and funding streams supporting their participation and empowerment.

Women in Northern Ireland are already facing great barriers due to political instability, an arguably failed peace process, a collapsed Assembly, the lack of implementation of the UNSCR 1325, an outdated Northern Ireland Gender Strategy, unprecedented levels of poverty and having limited representation in Brexit negotiations. With all the hard fought women’s rights protections won at an EU level now at risk, and many human rights still failing to have been implemented at all, there are many reasons to be deeply concerned about the impact of Brexit on the women on Northern Ireland.

We therefore call on the National Women’s Committee to:

1)Continue to campaign for the protection of the particular circumstances that women in Northern Ireland are facing as a result of Brexit. This should include calling for greater recognition and participation of women within the Brexit process; and ensuring that women’s rights are protected and enhanced, rather than being eroded, by Brexit.

**26. Women and climate change**

**Carried**

Climate change has a greater impact on those sections of the population, in all countries, that are most reliant on natural resources for their livelihoods and/or who have the least capacity to respond to natural hazards, such as droughts, landslides, floods and hurricanes. Women commonly face higher risks and greater burdens from the impacts of climate change in situations of poverty, and the majority of the world’s poor are women. Women’s unequal participation in decision-making processes and labour markets compound inequalities and often prevent women from fully contributing to climate-related planning, policy-making and implementation.

Parties to the UN have recognised that climate change is intrinsically linked to gender, because women and girls are particularly vulnerable to the effects of the climate catastrophe.

Gender inequality means women tend to be more vulnerable to the impacts of climate change. For the poorest women, dangerous weather events, droughts and failed harvests can become disasters.

Women and girls are more vulnerable to the effects of climate change because women:

1)Constitute the majority of the world’s poor, who are overall more affected.

2)Are less likely to be in positions of power and/or decision-making roles

3)Are more likely to be dependent for their food and income on the land, and natural resources, which are being threatened. When the worst effects of climate change make land-based work impossible, women are often less able than men to turn to alternative forms of work. Nine in 10 countries worldwide have laws impeding women’s economic opportunities.

4)Are more likely to be responsible within their families for securing water, food and fuel for cooking and heating, which are all being threatened. It is often women and girls, for example, who are forced to walk great distances to find water when local sources dry up.

5)Tend to be more exposed to the negative impacts of disasters, including death and injury. These disasters are becoming more frequent and more severe due to climate change.

6)Face a heightened risk of gender-based violence during and following disasters, and when forced to leave their homes due to climate change, become more vulnerable.

In many contexts, climate-related disasters like floods or drought lead to household income issues which often leads to girls being taken out of school. Girls are then likely to be required to manage or assist with domestic work, which exposes them to further risk and increases inequality.

In summary, climate change affects women and girls most acutely because it exacerbates the existing outcomes of entrenched gender inequality.

We ask the national women’s committee to:

a)Work with the NEC to highlight within our climate change communications the disproportionate affect on women, particularly working class women.

b)Work with LAOS to ensure that any training on climate change highlights the disproportionate affect on women, particularly working class women.

**27. Producing a Women’s Magazine**

**Carried**

Conference is concerned that there is a section of the women’s membership that don’t have access to computers, including low paid women or those who may not be computer literate. As a consequence, they are losing out on vital information pertaining to issues that directly affect women, for example the menopause or maternity/parental rights etc.

Conference notes that in order to be more inclusive and ensure full female participation within UNISON there is a need to consider other forms of communication that isn’t just linked to technology, such as producing a magazine similar to that of Black Action that incorporates some very interesting articles specific to Black members.

It is time for the Women’s Committee to produce a magazine that recognises all of its valuable work and issues faced by women.

National Womens Committee to liaise with the NEC.

1. To explore the possibility of developing a Women’s magazine.

2) To liaise with Branches, Regions, Communication Officers and any other interested parties to help with the construction of a magazine.

3) For the Womens Committee to report back to conference in 2021.

**28. Re-Inspiring Women**

**Carried**

Women in the trade union movement have always played a significant role in social movements and social change. We can be proud of the role that Trade Union women played in achieving the Scottish Parliament and the 50/50 campaign amongst others. In the same way, the women of the Trade Union movement, played a major role in the Northern Ireland Peace Process and were directly involved in the Good Friday Agreement negotiations. Sadly, in the coverage of the 20th Anniversary of both the Good Friday Agreement and the Scottish Parliament, there was little mention of the role of women in the creation of either of them let alone trade union women.

Conference believes that if we want the role of women in any campaign to be remembered, we need to be the ones that tell that story.

Conference notes and commends the work of the STUC Women’s committee in creating the Inspiring Women booklet a few years ago to raise awareness of the many women who have played a significant role in Scottish Political life. However, Conference believes that it is important to make this a living document which is continually updated and the role women play across the whole of the UK is celebrated.

Conference applauds the campaign run in Northern Ireland to work with Women’s groups to rename streets after inspiring women activists which raises awareness of these women to the wider public.

Conference calls on the National Women’s Committee to work with regional women’s committees to create a UK wide version of the Inspiring Women book and spread the trade union women’s message more widely.

**29. Women In Leadership**

**Carried**

"Conference notes that the gender pay gap figures produced on 31 March 2019 stated that the current gender pay gap has risen slightly to 14.2% from 14% the year before. Whilst the public sector pay data is 4% lower than the overall pay gap across all sectors, it is concerning that it is rising in the public sector.

In 2018 the Fawcett Society said that 9 out of 10 public sector organisations paid men more highly than women. “These figures show us what we expected – we still see an underrepresentation of women at the top and overrepresentation at the bottom,” said Sam Smethers, chief executive of the Fawcett Society. “The public sector matters for women because it is women who are overwhelmingly dependent on public services, so getting women into decision-making positions is key.”

Conference is concerned that in 2019 the gender pay gap widened suggesting that less women are now in senior management positions in organisations, and that with the shrinking of the public sector, that there are less opportunities for promotion.

Conference believes that all sectors should be working towards gender balance in management and that work should be done to encourage women to gain leadership positions.

The IES has produced a study detailing how women can be supported to gain leadership positions and what bars women from progressing, some of these are: management style, organisational culture, recruitment practices, experiences of discrimination, gaining the right experience, international experience, stepping up to a role, being used as a token, appearance, being able to build networks, impact of childcare issues, career routes, self-confidence and occupational segregation and gender stereotyping.

Conference calls upon the National Women’s Committee to work with the NEC and other relevant bodies in UNISON to use whatever means possible to:

1)Work with the relevant SGEs to raise with employers the issue of gender imbalance in management.

2)Work with the relevant SGEs to encourage employers to coach and mentor women into leadership positions.

3)Develop training to support women who wish to move into leadership positions."

**30. Branch Women’s Officer Role**

**Carried as Amended: 30.1**

Conference note that following a rule change passed at National Delegates Conference 2018, Rule G 4.1.1 states that a Women’s Officer shall be one of the general officers of the branch.

This is an essential branch officer post as women make up approximately 78% of the membership of Unison and women members deserve and require support, information and guidance from a branch officer that is specifically named and trained to deliver this. Furthermore this is now particularly important due to the present lack of Regional Women’s Officers available to provide the essential link between the work being done at National level and that at branch level. Women activists have reported anecdotally that there are no or very few Branch Women Officers.

It is unknown how many branches are adhering to this new rule change, therefore, conference calls on the National Women’s Committee to:

1)Undertake a survey of branches to determine if they have a women’s officer and report the findings back to National Women’s Conference 2021,

2)Publish material to promote the role of Women’s Officer,

3)Ensure the requirement to have a women’s officer is encompassed in the Branch Organising framework assessment

**Composites**

**A. MENOPAUSE**

**Carried as Amended: A.1**

Roughly half of UK workers are women, all of whom will experience the menopause in some form.

Conference notes that the definition of menopause is a lack of menstruation for one full year. It usually begins between the ages of 45 and 55 but it can develop before or after this age range.

In the UK, the average age for a woman to reach the menopause is 51. Around 1 in 100 women experience the menopause before 40 years of age. This is known as premature menopause or premature ovarian insufficiency.

The ‘Peri-menopause’ is the period that leads to the menopause when many women may experience symptoms. Some of which can be quite severe and have a significant impact on their everyday activities including work life.

Symptoms can include hot flushes, dizziness, poor coordination or clumsiness, urine leakage vaginal dryness, body odour, hot feet, depression, low mood, anxiety, reduced sex drive (libido) and bloating.

Menopausal symptoms can begin months or even years before a woman’s periods stop and last around four years after the last period, although some women experience them for much longer and can need medication to alleviate the symptoms.

Conference also notes that although the majority of people who experience menopause are cis-women, there are also a number of masculine trans and non-binary people who are affected and also need support.

Conference further notes that researchers have found that Black Women are more likely to experience symptoms related to the menopause than white women due to genetic and environmental factors such as culture, lifestyle events, religion and food.

Conference also notes evidence that Black Women often prefer to get information, advice, and treatment for their symptoms from other women in their communities, including churches, mosques and traditional herbalist’s methods instead of seeking professional advice.

Conference is concerned that some Black women, particularly from underdeveloped countries, do not fully understand the reasons for their symptoms, but associate the changes with witchcraft, curses or punishment for their sins.

Conference is also concerned that because of this association, women may believe they have to undergo cleansing through fasting prayer sacrifices to the gods in order to get better. They see their symptoms as taboo or a punishment for their family or personal sins, so it should not be discussed in public.

Conference believes it is time to challenge such beliefs. Because there is little or no awareness of the menopause for these women it is difficult to reach and help these women receive professional medical care.

Every menopause experience is unique.

The office of National Statistics Information informs us that there are currently 3.5 million women workers over the age of 50 in the UK which is almost half (45%) of the over 50 workforce.

UNISON is a union of a million women, and we know there are 8 out of 10 menopausal women at work. Therefore, there is a significant number of UNISON women workers being affected by the symptoms of the Menopause every day and it is being raised as a top workplace issue.

Three quarters of women say that the menopause caused them to change their life and over half say it had a negative impact on their lives. Those are the headlines from a recent survey conducted by the British Menopause Society (BMS), released on 18 October 2019 to mark World Menopause Day. The findings reveal the need for

According to the Office of Women’s Health ‘changes in your body in the years around menopause may raise your risk for certain health problems’. Low levels oestrogen and other changes related to aging (like gaining weight) can raise your risk of stroke, heart disease and osteoporosis. Whilst some of us laugh at our hot flushes and are frustrated by sleepless nights the serious and often unknown impact of menopause is the pressure menopause has on our hearts and cardiovascular disease.

Many women also report that the menopause seems to make existing health conditions worse, triggering or coinciding with a flare up of symptoms.

It’s very important that women’s health across a lifetime should be considered. If women have a healthy lifestyle before perimenopause it will benefit women’s health during the menopause. By asking ALL women to pause for thought it gives an opportunity for all women to think about their own health and what changes they could make.

A survey (the first of its kind) was conducted by researchers from King’s College London and The University of Nottingham and published in 2017. Its key objectives were to explore women’s perspectives into what employers and managers should and should not do in relation to women going through menopause.

The results highlighted broad themes of:

Awareness – employers and managers to know what menopause is, the nature of its symptoms, and understand the potential impact of the work environment on menopausal symptoms (and vice versa). Better awareness here could lead to improved reasonable adjustments such as better ventilation and temperature control, available drinking water, desk fans access to rest areas and toilets and Uniforms with looser fabric and cooler footwear.

Women were also keen for menopause to not always be seen in a negative light. Language such as ‘affliction’ or ‘condition’ is off limits. Menopause is a normal, natural process, but experienced differently by all women. Therefore, assumptions or generalization is unhelpful. One-size-does not fit all.

Communication skills and behaviours – Empathy, consideration, concern and respect were key factors in communication expected from managers.

Policies - Women suggested effective policies are important here. Many women identified existing policies which could incorporate menopause. Workplace training to equip managers with the confidence, skills and knowledge to support menopause in the workplace.

Conference note there are pockets of excellent practice around support for women workers during the perimenopause and menopause. For example, New Cross Hospital have successfully rolled out ‘Menopause Workshops’ for staff. Staff are given paid time off to attend and receive advice, guidance and support from a range of professionals. Feedback from staff has been overwhelmingly positive.

We must make sure that all the experiences of our members shape how we support them through the Menopause and incorporate awareness raising, workplace training and policies to protect and support them.

UNISON have developed an excellent ‘Guidance on menopause and the workplace’ for UNISON representative to use to support our members. We also know that many employers have policies in place regarding the Menopause. However, we could do more by encouraging branches to collectively recognise World Menopause Day, share the good practice we have and develop more policies with employers so that all our members receive support when needed.

For all women, a day of reflection about the menopause gives time for women to consider; lifestyle measures (healthy diet and physical activity) prevention of weight gain being involved in mentally stimulating activities. We want women to pause for thought and use the opportunity assess female-specific risk factors to prevent the development of cardiovascular disease. https://thebms.org.uk/2016/10/tuesday-18th-october-world-menopause-day/#post/0 A happy heart is a healthy heart. Dr Roger Lobo argues “The main message we want to put forward is that, at the menopause, women have a chance to take steps which will help determine whether they go on to live a healthy and active life. (https://www.womens-health-concern.org/2014/10/the-18th-october-is-world-menopause-day/)

Conference calls on the Women’s Committee to work with relevant bodies including the National Black Members Committee:

1) Explore how a work plan on menopause can form part of UNISON’s yearly activities and educational awareness via workshop programmes.

2) Create a column on UNISON’s website to raise awareness of the impact of menopause on Black Women.

3) Publish pocket size booklets/leaflets on the menopause and include targeted languages.

4) Create a menopause blog targeted at Black Women, that also includes signposting of information and support to women going through the menopause and challenge the myths surrounding this.

5) Encourage branches to support World Menopause Day to give women members the time to pause for thought and have a health audit and ensure better life chances.

6) Support branches to ensure that relevant and helpful information is available for UNISON members and ask branches to develop a women’s health newsletter.

7) )Work with regions and branches to promote / encourage use of UNISON Menopause campaign materials and provide training for managers and decision-makers to protect the rights of perimenopausal and menopausal UNISON women and masculine trans and non-binary people.

8) Identify examples of employer best practice around menopause and develop a website/booklet for branches to support development of similar initiatives in partnership with employers.

**B. GENDER PAY GAP**

**Carried**

2020 is the 50th Anniversary of the introduction of The Equal Pay Act

Conference celebrates the successes of UNISON in using the legislation to achieve equal pay for large numbers of its low paid women members, in particular those in local government.

Conference welcomes that in 2017 the Government introduced compulsory gender pay gap reporting for employers with 250 or more staff and that the Equality and Human Rights Commission was able to achieve 100% compliance with this legislation in 2019.

However despite it being 50 years since the introduction of the Equal Pay Act in the UK, there is no sector in the economy where women are paid the same as men. In 2019 the median pay gap was a shocking 11.9 per cent. In the public sector the pay gap is a shocking 16.7 per cent, an increase of 0.7 per cent from 2018 and it is as wide as 39.3% in arts, entertainment and recreation.

Despite the Government imposing disclosure rules that name and shame employers it is not making a significant impact to eliminate pay inequality. Almost 8 in 10 companies still pay male employees more. The 9,961 companies that filed their figures by the 4 April 2019, 7,755 paid male employees more.

The regulations are not tough enough; companies are filing their information and not doing anything to close the pay gap. This is 2020 and this is still happening.

Conference notes that the pay gap does not just impact on earnings it cuts across all aspects of women’s lives. Our earnings make a huge contribution to our families. The missing 16.7 per cent would offer so much more. In terms of our local communities, that is 16.7 per cent loss in income for women able to be spent at local level. In addition, it is money lost to the public purse through our taxation system.

The public sector is the largest employer of women in the country. UNISON women are the voice of women in the public sector and it is incumbent on us to tackle inequality with our employers.

Women frequently are over qualified for the jobs they are doing. Maternity and caring responsibility, along with the pay gap impacts on promotion and career opportunities. Pay inequality in women’s working lives leads to continuing inequality in retirement and in pensions.

Conference we cannot continue to betray our daughters and granddaughters by letting another 50 years go by without achieving pay parity with men. We work for it and we deserve it.

This Conference instructs the National Women’s Committee to:

1 )Highlight the impact of the gender pay gap on our women members and campaign for an end to disparity between men and women’s pay in the public sector

2) Raise this issue at all levels in UNISON to produce a Gender Pay Equality Charter that enables organisations to commit to the elimination of gender pay inequality by a stated deadline by carrying out specific stated actions to level up pay

3) Work with our service sectors to develop strategies and negotiating priorities to redress pay inequality. Request the creation of guidance for negotiators that all pay claims must seek to level women's pay up and that employers’ offers must be subjected to an gender equality impact assessment by the relevant regional or national Service Group

4) Work with our Labour Link to develop Labour Party policy to tackle gender pay discrimination in the public sector.

5) Work with LAOS to develop training materials for branches and regions on equal pay and the gender pay gap.

6) Consider sending this motion suitably reworded to National Delegate Conference